

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Health Department

- Check (✓) one:
- Individual
 - Partnership
 - Corporation

1. NAME OF APPLICANT (if individual):

~~Curtis Universal Ambulance, Inc.~~
 Business Name: d.b.a Curtis Ambulance Phone: (414) 276-7711
(414) 933-7600

Business Address: P.O. Box 2007

City: Milwaukee State: WI Zip: 53201-2007

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge and penalty: _____

2. PARTNERSHIP (if applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION Curtis-Universal Ambulance, Inc.

Address: P.O. Box 2007, Milwaukee, WI 53201-2007

Date and Place of Incorporation: October 17, 1969, Wisconsin

President: James G. Baker, Jr.

Home Address: W310 N8370 Kilbourn Rd.

City: Hartland State: WI Zip: 53029

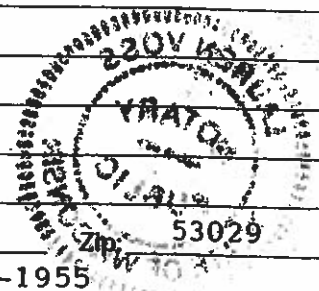
Phone (262) 966-1853 Date of Birth 12-17-1955

Vice President: James G. Baker, Jr.

Home Address: Same As Above

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____



Secretary: Ramona Lenger

Home Address: 12045 West Holt Avenue,

City: West Allis

State: WI Zip: 53227

Phone (414) 327-9984

Date of Birth 06-20-1946

Treasurer: James G. Baker, Jr.

Home Address: Same As Above

City: _____

State: _____

Zip: _____

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 3

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 23

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th day of August, 20 11

Individual/Corporate President/Partner: James G. Baker, Jr.

Additional Partner/Corporate Vice President: James G. Baker, Jr.



Notary Public, State of Wisconsin: Lauren Voss

December 22, 2013

Corporate Secretary: Ramona E. Lenger

Corporate Treasurer: James G. Baker, Jr.

Do Not Write Below This Line

Clerk

License #

New

Renewal

Date Filed

Date Granted

**CURTIS AMBULANCE SERVICE
VEHICLE LIST**

Unit#	Vehicle I.D.#	Year	Make	Model
<u>Response Vehicles</u>				
321	1FDXE45F41HA86500	2001	Ford	E350
323	1FDSE35FO3HB48983	2003	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
327	1FDWE35P77DA13538	2007	Ford	E350
328	1FDWE35P37DA51560	2007	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
331	1FDXE45F92HB56493	2002	Ford	E450
333	1FDXE45F2YHA27522	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
<u>Secondary Response Vehicles</u>				
380	1FDKE30M5RHB93383	1994	Ford	E350
381	1FDXE40F1XHB68281	1999	Ford	E350
382	1FDLE40F6VHB62892	1997	Ford	E350
383	1FDXE40F0XHA17738	1999	Ford	E350
340	1FDXE40F7WHB64718	1998	Ford	E350
341	1FDLE40F9VHA37918	1997	Ford	E350
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDJE30M1PHB54055	1993	Ford	E350
830	1FDXE45P46DA24876	2006	Ford	E450
831	1FDXE45F12HB56097	2002	Ford	E350
832	1FDJE30F7SHA80392	1995	Ford	E350

Client#: 5915

CURTUNI

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	CONTACT NAME:		
	PHONE (AG, No, Ext): 262 785-9490	FAX (AG, No): 262 785 9753	
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Colony Insurance Company	
		INSURER B: Rock Hill Insurance Company	
		INSURER C:	
		INSURER D: National Casualty - Wisconsin	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL BUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		AP512070	01/10/2011	01/10/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Pa occurr/agg) \$50,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAO0228520	01/10/2011	01/10/2012	COMBINED SINGLE LIMIT (Pa accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0		RXSLRU00058100	01/10/2011	01/10/2012	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab.		AP512070	01/10/2011	01/10/2012	\$1,000,000/claim \$2,000,000/agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named additional insured for general liability.
 see attached for affidavit.

CERTIFICATE HOLDER City of Milwaukee Department of Health 841 N Broadway 3rd floor Milwaukee, WI 53202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD™

Client#: 5915 CURTUNI
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Security Insurance Svcs., Inc.
INSURED: Curtis-Universal Ambulance Inc.
CONTACT NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORO 101, Additional Remarks Schedule, if more space is required)

STATE OF Wisconsin
(See Attached Descriptions)

CERTIFICATE HOLDER: City of Milwaukee Health Dept
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

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DESCRIPTIONS (Continued from Page 1)

Waukesha COUNTY)

Carol Cantrall, being first duly sworn on oath,
deposes and says that he/she is the agent of United Wisconsin Insurance Company,
the insurer on the attached certificate of insurance issued to
Curtis Universal Ambulance, Inc. (the insured).

Affiant further deposes and says that attached hereto is a true and correct copy of the provisions of said
policy.

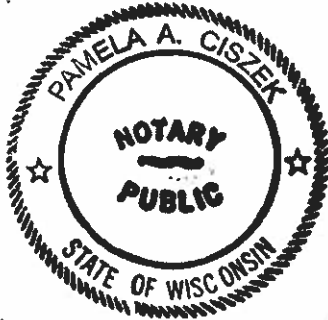
Handwritten signature of Carol Cantrall

Signature of Agent

Subscribed and sworn to before me

This 22nd day of August 2011

Handwritten signature of Pamela A. Ciszek
Notary Public, Waukesha County, Wisconsin
My Commission expires 6/21/2015



AFFIDAVIT

STATE OF WISCONSIN)

Milwaukee COUNTY)

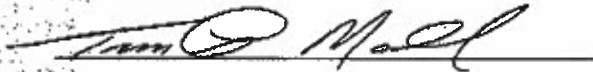
Tim Makowski, BEING FIRST DULY SWORN, on oath

deposes and says that she is the agent of the

Colony Insurance Company

insurer, on the attached certificate or bond issued to Curtis Universal Ambulance, Inc.

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

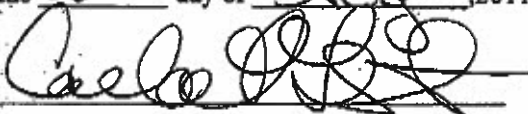


Signature (same as it appears on Certificate)

NAME AND PHONE #

Subscribed and sworn to before me

this 22nd day of Aug, 2011



Notary Public, My Commission expires 7/20/2014

Client#: 5915 CURTUNI
ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 8/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	CONTACT NAME: PHONE (AG, No, Ext): 262 785-9490	FAX (AG, No): 2627859753
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Colony Insurance Company	
	INSURER B: Rock Hill Insurance Company	
	INSURER C:	
	INSURER D: National Casualty - Wisconsin	
	INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		AP512070	01/10/2011	01/10/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAO0228520	01/10/2011	01/10/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0		RXSLRU00058100	01/10/2011	01/10/2012	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			IWC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		AP512070	01/10/2011	01/10/2012	\$1,000,000/claim \$2,000,000/agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named as additional insured for automobile liability only, for work performed by the named insured.
 (See Attached Descriptions)

CERTIFICATE HOLDER City of Milwaukee Department of Health 841 N. Broadway, 3rd Floor Milwaukee, WI 53202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

Cancellation wording is amended to read: should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 10 days written notice to the certificate holder.

AFFIDAVIT

STATE OF Wisconsin
)
Waukesha COUNTY)

Tim Mkowski, being first duly sworn on oath,
deposes and says that he/she is the agent of Colony Insurance Company,
the insurer on the attached certificate of insurance issued to
Curtis Universal Ambulance, Inc. (the insured).

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

[Handwritten Signature]
Signature of Agent

Subscribed and sworn to before me

This 29th day of August, 2011
[Handwritten Signature]
Notary Public, Waukesha County, Wisconsin
My Commission expires 6/21/2015

